MONTHLY FILING GENERAL-PURPOSE **COMMITTEE CAMPAIGN FINANCE REPORT**

FORM MPAC **COVER SHEET PG 1**

The MPAC Instruction	The MPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00015794					
3 COMMITTEE NAME		•	OFFICE USE ONLY			
The Political Actio	n Committee of the Texas Hospital Associa	ation	Date Received			
			02/05/2025			
4 COMMITTEE		CITY; STATE; ZIP	02/03/2023			
ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
	1108 Lavaca Ste 700					
Change of Addres	^s Austin, TX 78701					
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked			
TREASURER		1VII	Receipt # Amount			
NAME	Sara					
			Date Processed			
	NICKNAME LAST	SUFFIX				
	Gonzalez	2	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST.	ATE; ZIP CODE			
TREASURER STREET	1108 Lavaca Suite 700					
ADDRESS						
(Residence or Business)	Austin, TX 78701					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
TREASURER	1108 Lavaca Suite 700					
MAILING ADDRESS						
	^s Austin, TX 78701					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(512) 465-1000					
THONE	(312) 400 1000					
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)			
		L treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY						
REPORT FILING DEADLINE	January 5 April	5 July 5	October 5			
	X February 5 May	5 August 5	November 5			
	March 5 June	5 September 5	December 5			
	Month Day Year	Month FHROUGH	Day Year			
COVERED	12/26/2024	01/25/2	2025			
	•					
	GO ⁻	FO PAGE 2				
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME The Political Action Con	nmittee of the Texas H		13 Filer ID 00015794	(Ethics Commission Filers)
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain		D. Orrest		
paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION	1. TOTAL UNITEMIZED	POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) qualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA	·		
		DGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,605.73
EXPENDITURE TOTALS	3. TOTAL UNITENIZEL	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	870.71
				070.71
CONTRIBUTION		CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY	
BALANCE	OF THE REPORTING	G PERIOD	\$	23,024.26
OUTSTANDING	6 TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF 1	ГНЕ	
LOAN TOTALS		REPORTING PERIOD	\$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all inform		
		under Title 15, Election Code.		
		Sara G	ionzalez	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	his the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM MPAC

COVER SHEET PG 3 3 of 54

			(Ethics Commission Filers)				
The Pol	17 COMMITTEE NAME 18 Filer ID The Political Action Committee of the Texas Hospital Association 00015794						
	ILE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT					
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6. X	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 955.50				
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 4,200.00				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 355.71				
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 515.00				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				
			•				

SUBTOTALS - MPAC

The Instruct	tion Guide explains how to complete this fo	orm	1 Total pages Schedule A1:
	IOII Guide explains now to complete this is	Sch: 1/44 Rpt: 4/54	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
The Political A	ction Committee of the Texas Hospital Association	ก	00015794
4 Date 5	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/21/2025	Amador, Dolores (Ms.)		\$1.00
6	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Claims Manag	let	Texas Hospital Insuranc	e Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Andersen, Daniel (Mr.)		\$14.00
"	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	ation / Job title (See Instructions)	Employer (See Instructions	
VP Underwritir	ng & Business Development	Texas Hospital Insuranc	e Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/12/2025	Bagchi, Sam (Dr.)		\$165.00
"	Contributor address; City; State; Zip Code		
I	Irving, TX 75038		
	ation / Job title (See Instructions)	Employer (See Instructions	;)
EVP / Chief Cl	inical Officer	CHRISTUS Health	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/17/2025	Ballew, Joel (Mr.)		\$41.50
"	Contributor address; City; State; Zip Code		
	Arlington, TX 76011	 	
· · ·	ation / Job title (See Instructions)	Employer (See Instructions	
VP Governme	nt & Community Affairs	Texas Health Resources	S
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024	Baty, Krista (Ms.)		\$27.50
	Contributor address; City; State; Zip Code		
	Brownwood, TX 76801	 	
	ation / Job title (See Instructions)	Employer (See Instructions	
Chief Administ	rative Officer	Hendrick Medical Cente	۲

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 2/44 Rpt: 5/54	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
ľ	01/08/2025	Baty, Krista (Ms.)	,	ľ	/ who and by 2 2	\$27.50
	01,00,1010	6 Contributor address; City; State; Zip Code		$\left \right $		¥2
	I	Contributor address, City, State, Zip Code				
	I					
	I	Brownwood, TX 76801				
8	Principal occu		9 Employer (See Instructions	<u>ا</u>		
ľ		istrative Officer	Hendrick Medical Center			
╞				—	Δ	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 0.00
	01/21/2025	Beasley, Sharon (Ms.)				\$8.00
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Austin, TX 78701		L		
		upation / Job title (See Instructions)	Employer (See Instructions			
	Sr Dir Gover	rnance & Exec Administration	Texas Hospital Associat	tior	1	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Beck, Steve (Mr.)				\$1,000.00
		Contributor address; City; State; Zip Code		1		
	I					
	I					
		Lubbock, TX 79410				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Chief Admin ⁱ	istrative Officer	Covenant Health System	n		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	·	Γ	Amount of Contribution (\$)	
	01/21/2025	Bell, Jeff (Mr.)				\$4.00
		Contributor address; City; State; Zip Code		\mathbf{I}		
	I	Contributor address, Ony, State, Zip Souce				
	I					
	I	Austin, TX 78701				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		propriate Relations	THA Foundation	')		
╞				—	1	
	Date	Full name of contributor out-of-state PAC (ID#: Benham, Bradley (Mr.))		Amount of Contribution (\$)	ቀባ 62
	12/30/2024					\$9.62
	I	Contributor address; City; State; Zip Code				
	ļ					
	l	Abilene, TX 79601				
\vdash	Drinsipal acou					
		upation / Job title (See Instructions)	Employer (See Instructions			
	VP HMC Fou	Indation	Hendrick Medical Center	1		

	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 3/44 Rpt: 6/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	n		00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/08/2025	Benham, Bradley (Mr.)				\$9.62
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
8	Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	VP HMC Fou		Hendrick Medical Cente			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Bessent, Brian (Mr.))		Amount of Contribution (\$)	\$32.50
	12/30/2024	` <i>`</i>				Ψ <u>0</u> 2.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	-	trategy & Experience Officer	Hendrick Medical Cente			
╞						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	† 00 50
	01/08/2025	Bessent, Brian (Mr.)				\$32.50
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	VP / Chief St	trategy & Experience Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/15/2025	Booth, Donny (Mr.)				\$41.66
		Contributor address; City; State; Zip Code				
		Andrews, TX 79714				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Permian Regional Medio	cal	Center	
F	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/30/2024	Bowden, Sherri (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	;)		
		monary Services	Hendrick Medical Cente			
⊢						
1						

tal pages Schedule A1: h: 4/44 Rpt: 7/54 er ID (Ethics Commission Filers) 015794 rount of Contribution (\$) \$3.85
er ID (Ethics Commission Filers) 015794 nount of Contribution (\$) \$3.85
015794 nount of Contribution (\$) \$3.85
\$3.85
nount of Contribution (\$)
\$125.00
nount of Contribution (\$)
\$5.00
nount of Contribution (\$)
\$5.00
nount of Contribution (\$)
\$4.81
1

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The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/44 Rpt: 8/54	
2 FILER NAME	 :		3	Filer ID (Ethics Commission	n Filers)
	- Il Action Committee of the Texas Hospital Association	n		00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/08/2025	Broderick, Treva (Ms.)				\$4.81
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	 5)		
Assistant Vi	ice President Clinical Svs	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/16/2025	—				\$350.00
	Contributor address; City; State; Zip Code				
	San Antonio, TX 78229				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Vice Preside	ent IT / Public Policy	Clarity Child Guidance C	Cer	nter	
Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/30/2024		/		· · · · · · · · · · · · · · · · · · ·	\$2.50
	Contributor address; City; State; Zip Code				·
	Abilene, TX 79608				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Board Vice	Chair	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/08/2025				• •	\$2.50
	Contributor address; City; State; Zip Code				-
	Abilene, TX 79608				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
Board Vice		Hendrick Medical Cente			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	1	Amount of Contribution (\$)	
12/30/2024		/		Allount of Contribution (*)	\$3.85
12,00,202			-		40 .00
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ३)		
	ctor Nursing	Hendrick Medical Cente			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/44 Rpt: 9/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association			00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/08/2025	Camacho, Precilla (Ms.)			• •	\$3.85
	-	6 Contributor address; City; State; Zip Code	,			
		Abilene, TX 79601				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L;)		
	Senior Direc	tor Nursing	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Canada, Kirk (Mr.)	/			\$30.00
	11 , 00 , <u>-</u> = = <u>-</u>	Contributor address; City; State; Zip Code				TU = 1 = 1
		Contributor address, City, State, Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L;)		
		ting Office / System VP	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	01/08/2025	Canada, Kirk (Mr.)	/		Allount of Contribution (+)	\$30.00
	01/00/2020	Contributor address; City; State; Zip Code				Ψ00.02
		Culturbulur address, City, State, Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.		
	Chief Operat	ting Office / System VP	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Cates, Boyd (Mr.)				\$1.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Diagnostic T	echnologist	Hendrick Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Cates, Boyd (Mr.)				\$1.00
	Contributor address; City; State; Zip Code					
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Diagnostic T	echnologist	Hendrick Medical Cente	r		
\vdash						

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/44 Rpt: 10/54	
Ļ	FILER NAME			3	Filer ID (Ethics Commission	Filors)
Ĺ		Action Committee of the Texas Hospital Association	1	З	00015794	I Fileisj
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/10/2025	Clevenger, Erin (Ms.)				\$14.58
		6 Contributor address; City; State; Zip Code				
		Port Lavaca, TX 77979				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Interim CEO	/ CNO / Clinical Srvc Administrator	Memorial Medical Cente	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Conger, Cody (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Health Direc	tor, Invasive Cardiology	Hendrick Medical Cente	r		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Conger, Cody (Mr.)				\$4.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Health Direc	tor, Invasive Cardiology	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/30/2024	Connell, Jessica (Ms.)				\$4.81
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Chief Nursin	g Officer	Hendrick Medical Cente	r		
╞	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/08/2025	Connell, Jessica (Ms.)			• •	\$4.81
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Chief Nursin		Hendrick Medical Cente			
⊢		-				

The Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1: Sch: 8/44 Rpt: 11/54
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association		00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/21/2025 Conner, Cecil (Mr.)		\$4.00
6 Contributor address; City; State; Zip Code		
Austin, TX 78731		
	Employer (See Instructions)	
Risk Management Advisor	Texas Hospital Insurance	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Contreras, Rosendo (Ms.)		\$1.93
Contributor address; City; State; Zip Code		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions))
Dir Patient Safety, Infection Preventionist, Perf Improv	Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025 Contreras, Rosendo (Ms.)		\$1.93
Contributor address; City; State; Zip Code		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
Dir Patient Safety, Infection Preventionist, Perf Improv	Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025 Cook, Kenneth (Mr.)		\$2.00
Contributor address; City; State; Zip Code		
Austin, TX 78701		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
IT Director	THA Foundation	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Cooper, David (Mr.)		\$3.85
Contributor address; City; State; Zip Code		
Abilene, TX 79601		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	1
Lab Supervisor	Hendrick Medical Center	
•		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 9/44 Rpt: 12/54	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/08/2025	Cooper, David (Mr.)		\$3.85
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79601	ł	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Lab Supervi	sor	Hendrick Medical Cente	؛۲
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/21/2025	Costilla, Nina (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Bringinal occu	Austin, TX 78701 Ipation / Job title (See Instructions)	Employer (See Instructions	~\
-	ects Manager	THA Foundation	3)
	-		Learning of Constribution (#)
Date 01/21/2025	Full name of contributor out-of-state PAC (ID#: Cotton, Corey (Mr.))	Amount of Contribution (\$) \$20.00
UILLILULU	Contributor address; City; State; Zip Code		ψ20.00
	Continuation address, City, State, Zip Code		
	Austin, TX 78701		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)
VP Member	Solutions	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Dale, Vicki (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701	1	
-	ipation / Job title (See Instructions) of Business Services	Employer (See Instructions	3)
		THA Foundation	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Davenport, Chad (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Accounting		Texas Hospital Insurance	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/44 Rpt: 13/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/21/2025	Davila, Leslie (Ms.)				\$20.00
	I	6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Receptionist	:	Texas Hospital Insuranc	ce E	Exchange	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/30/2024	Davis, John (Mr.)				\$3.85
	I	Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director Car	diopulmonary	Cuero Regional Hospita	al		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Davis, John (Mr.)				\$3.85
	1	Contributor address; City; State; Zip Code		1		
		Cuero, TX 77954				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Director Car	diopulmonary	Cuero Regional Hospita	al		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/16/2025	Davis, Steven (Dr.)				\$350.00
	I	Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76104				
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Critical Care	e Physician - Chairman Internal Med	JPS Health Network			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/21/2025	De La Garza-Barone, Heather (Ms.)				\$2.00
	1	Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
		upation / Job title (See Instructions)	Employer (See Instructions			
	Associate Ge	eneral Counsel	Texas Hospital Associat	tior	l	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/44 Rpt: 14/54	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Action Committee of the Texas Hospital Association			00015794	- ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/30/2024	DeYoung, Peter (Dr.)				\$41.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Austin, TX 78758				
8		upation / Job title (See Instructions)	9 Employer (See Instructions		diasl Contor	
	Chief Medica		St Davids North Austin N	Ne		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024					\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
		ility Management	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	01/08/2025	Dennis, Gregory (Mr.)	/			\$3.85
	02,000.222	Contributor address; City; State; Zip Code		•		*****
		Abilene, TX 79601				
Γ		ipation / Job title (See Instructions)	Employer (See Instructions			
	Director Fac	ility Management	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/30/2024	Devun, Sharn (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
	Dringing occu	Abilene, TX 79601	Employer (See Instructions	-)		
		ipation / Job title (See Instructions) k Management	Hendrick Medical Cente			
╞		-		;; T		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ф.) ОЕ
	01/08/2025	Devun, Sharn (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		k Management	Hendrick Medical Cente			
\vdash						

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/44 Rpt: 15/54	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Action Committee of the Texas Hospital Association	n	00015794	10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/14/2025	Dippel, Douglas (Mr.)		\$	20.00
	6 Contributor address; City; State; Zip Code			
	Sweetwater, TX 79556			
• Drincinal occur	pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>	
	tive Officer / Administrator	Rolling Plains Memorial		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2024	Donaway, Duane (Mr.)			\$1.93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601	1		
	pation / Job title (See Instructions)	Employer (See Instructions		
Director Infor	rmation Systems	Hendrick Medical Cente	؛۲ 	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2025	Donaway, Duane (Mr.)			\$1.93
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions		
Director Infor	rmation Systems	Hendrick Medical Cente	۲	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2025	Doyle, Rosalinda (Ms.)			\$2.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Payroll Admi	nistrator	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2024	Driskell, Jesiree (Ms.)	/		\$7.50
	Contributor address; City; State; Zip Code			••••
	Contributor address, City, State, Lip Code			
	Abilene, TX 79601			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
	ic Comms & Digital Expert	Hendrick Medical Cente		

The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 13/44 Rpt: 16/54	
2 FILER	NAME		3 Filer ID (Ethics Commission File	erc)
	Political Action Committee of the Texas Hospital Association	on	00015794	.13)
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
01/08				\$7.50
	6 Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
9 Princir	pal occupation / Job title (See Instructions)	9 Employer (See Instructions		
	Strategic Comms & Digital Expert	Hendrick Medical Cente		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	± 1 00
01/21	/2025 Dupree, Anthony (Mr.)			\$4.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701	1		
	pal occupation / Job title (See Instructions)	Employer (See Instructions		
Sr. Ac	counts Payable Specialist	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
12/30	/2024 Escobar, Jaye (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Princip	pal occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Direct	tor of Correctional Health	Hendrick Medical Cente	r	
Date	Full name of contributor out-of-state PAC (ID#	·)	Amount of Contribution (\$)	
01/08	/2025 Escobar, Jaye (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Princip	pal occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Direct	tor of Correctional Health	Hendrick Medical Cente	r	
Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)	
01/21		·		614.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
Princip	bal occupation / Job title (See Instructions)	Employer (See Instructions	l ;)	
	President of Operations	Texas Healthcare Trust		
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The Instruction Guide explains how to complete this form. 1 Total agges Studied A1: Sch: 14/44 Rpi: 1754 2 FILER NAME The Political Action Committee of the Texas Hospital Association 9 Filer (D (Ethics Commission Filers) 00015794 4 Date 12/30/2024 5 Full name of contributor Abilene, TX 79601 7 Amount of Contribution (\$) Eurek, Andrew (Mr.) 7 Amount of Contribution (\$) Eurek, Andrew (Mr.) 8 Principal accupation / Job tife (See Instructions) Director Financial Analysis 9 Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$4.00 01/08/2025 Furk andrew (Mr.) 0 ac-d-state PAC (to::::::::::::::::::::::::::::::::::::						
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The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (Dzr	2 FILER NAME			3	· · · · · · · · · · · · · · · · · · ·	Filers)
12/30/2024 Eurek, Andrew (Mr.) S4.00 6 Contributor address; City; State: Zip Code Abilene, TX 79601 7 Principal occupation / Job Ittle (See Instructions) Perployer (See Instructions) Date Full name of contributor ou of-state PAC (Det 01/08/2025 Eurek, Andrew (Mr.) Amount of Contribution (S) Contributor address; City, State: Zip Code Amount of Contribution (S) Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job Ittle (See Instructions) Employer (See Instructions) Director Financial Analysis Employer (See Instructions) Principal occupation / Job Ittle (See Instructions) Employer (See Instructions) Regional Ambassador West Texas Employer (See Instructions) Principal occupation / Job Ittle (See Instructions) Employer (See Instructions) Regional Ambassador West Texas Employer (See Instructions) 12/30/2024 Ford, Christopher (Mr.) Amount of Contributor (S) 12/30/2024 Ford, Christoph			n			1 11010,
6 Contributor address; City; State; Zip Code Abilene, TX 79601 Periopal occupation / Job title (See Instructions) Date Date 01/08/2025 Full name of contributor Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Financial Analysis Employer (See Instructions) Director Financial Analysis Employer (See Instructions) Director Financial Analysis Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Fell name of contributor ox of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
Abilene, TX 79601 Abilene, TX 79601 8 Principal occupation / Job title (See Instructions) Director Financial Analysis Perployer (See Instructions) Hendrick Medical Center Date Full name of contributor	12/30/2024	Eurek, Andrew (Mr.)				\$4.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 01/08/2025 Eurek, Andrew (Mr.) S4.00 Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S4.00 Contributor address; City; State; Zip Code Amount of Contribution (S) S4.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S4.00 O1/21/2025 Feiton, Chris (Mr.) contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contribution (S) S4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Hospital Association S9.62 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S9.62 12/30/2024 Ford, Christopher (Mr.) Employer (See Instructions) Amount of Contribution	1	6 Contributor address; City; State; Zip Code		1		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) 01/08/2025 Eurek, Andrew (Mr.) S4.00 Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S4.00 Contributor address; City; State; Zip Code Amount of Contribution (S) S4.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S4.00 O1/21/2025 Feiton, Chris (Mr.) contributor address; City; State; Zip Code Austin, TX 78701 Amount of Contribution (S) S4.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Texas Hospital Association S9.62 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (S) S9.62 12/30/2024 Ford, Christopher (Mr.) Employer (See Instructions) Amount of Contribution						
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12/30/2024 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) AVP Support Services Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Aford, Christopher (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Ford, Christopher (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Support Services Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Ford, Christopher (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)			/			\$9.62
Abilene, TX 79601 Principal occupation / Job title (See Instructions) AVP Support Services Employer (See Instructions) Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 \$9.62 Principal occupation / Job title (See Instructions) Employer (See Instructions)				-		• -
Principal occupation / Job title (See Instructions) Employer (See Instructions) AVP Support Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions) AVP Support Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
AVP Support Services Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Ford, Christopher (Mr.) \$9.62 Abilene, TX 79601 Employer (See Instructions) Employer (See Instructions)		Abilene, TX 79601				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	AVP Suppor	t Services	Hendrick Medical Cente	۶r		
01/08/2025 Ford, Christopher (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	01/08/2025	Ford, Christopher (Mr.)				\$9.62
Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions)	1	Contributor address; City; State; Zip Code		1		
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		Abilene, TX 79601				
AVP Support Services Hendrick Medical Center	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Suppor	t Services	Hendrick Medical Cente	۶r		
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/44 Rpt: 18/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	I Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/14/2025	Fox, Jay (Mr.)		\$20.50
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
President BS	SWH Austin Area	Baylor Scott & White Me	edical Center - Pflugerville
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/21/2025	Frazier, Tess (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633	-	
	upation / Job title (See Instructions)	Employer (See Instructions	
President / C	2EO	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/18/2025	Gage, Weldon (Mr.)		\$1,750.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77230	1	<u> </u>
-	upation / Job title (See Instructions)	Employer (See Instructions	
	inancial Officer	Texas Children's Hospit	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Gaines, Cameron (Mr.)		\$2.00
	Contributor address; City; State; Zip Code]
	Georgetown, TX 78633		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	
IT Support S		Texas Hospital Insuranc	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Gette, Angela (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633	1	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	
Vice Preside	ant Claims	Texas Hospital Insuranc	ce Exchange

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The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/44 Rpt: 19/54	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Action Committee of the Texas Hospital Association			00015794	- ,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
12/30/2024	Gleitz, Stephen (Mr.)				\$4.81
	6 Contributor address; City; State; Zip Code		1		
	Abilene, TX 79601				
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u> 5)		
	ger of Critical Care Unit	Hendrick Medical Center			
Date	- Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/08/2025	Gleitz, Stephen (Mr.)	/		,	\$4.81
_	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Nurse Mana	ger of Critical Care Unit	Hendrick Medical Center	r		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/21/2025	Gonzalez, Sara (Ms.)				\$41.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
	ipation / Job title (See Instructions)	Employer (See Instructions)			
VP Advocacy	y & Pub Policy	Texas Hospital Associat	tior	l	
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/30/2024	Goolsby, Emily (Ms.)				\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	 5)		
-	ept of Education and Professional Development	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Γ	Amount of Contribution (\$)	
01/08/2025	Goolsby, Emily (Ms.)	/		Amount of Contribution (+,	\$3.85
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
Dir of the De	ept of Education and Professional Development	Hendrick Medical Center	r		

	The Instru	iction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 17/44 Rpt: 20/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/21/2025	Gordon, Brittanny (Ms.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701		L		
		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Sr Specialist	t, AR & Association Management System	Texas Hospital Associat	tior	۱ 	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/30/2024	Greenwood, Susan (Ms.)				\$29.00
		Contributor address; City; State; Zip Code	Į	1		I
l						
<u> </u>		Abilene, TX 79601		ŕ		
		upation / Job title (See Instructions) ent / Chief Nursing Officer	Employer (See Instructions Hendrick Medical Cente			
				॥ -		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	÷22.00
	01/08/2025	Greenwood, Susan (Ms.)				\$29.00
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
	-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
``	Vice Preside	ent / Chief Nursing Officer	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
1	01/21/2025	Haas, Mark (Mr.)				\$4.00
l		Contributor address; City; State; Zip Code		1		
1						
		Georgetown, TX 78633				
\vdash	Drincinal OCCI	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Staff Accour	,	Texas Hospital Insuranc		Evehande	
	Date 12/30/2024	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$3.85
1	12/30/2024	Hair, Donna (Ms.)		-		ΦΟ.ΟΟ
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Director of N	<i>A</i> arketing	Hendrick Medical Cente	er		
			<u> </u>			

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/44 Rpt: 21/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	01/08/2025	Hair, Donna (Ms.)				\$3.85
		6 Contributor address; City; State; Zip Code				
		Brownwood, TX 76804				
8	•	upation / Job title (See Instructions)	9 Employer (See Instructions			
	Director of N	1arketing	Hendrick Medical Center	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/16/2025	Hardaway, Jay (Mr.)				\$208.33
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601	1			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L		islative & Public Policy	Hendrick Health			
	Date)		Amount of Contribution (\$)	
	12/30/2024	Harris, Erica (Ms.)				\$3.85
		Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)		
	Adminssions		Hendrick Medical Center			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Harris, Erica (Ms.)				\$3.85
	-	Contributor address; City; State; Zip Code				
		Abilene, TX 79601				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Adminssions	s Director	Hendrick Medical Center	r		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/26/2024	Hart, Brandy (Mrs.)				\$83.00
		Contributor address; City; State; Zip Code				
		Nashville, TN 37203	1 <u>-</u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Regional vic	ce President / Behavioral Health	HCA Healthcare			
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/44 Rpt: 22/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/21/2025	Hawkins, John (Mr.)		\$90.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	
President / 0	CEO	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024	Head, Courtney (Ms.)		\$9.62
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
•	upation / Job title (See Instructions)	Employer (See Instructions	•
Vice Preside	ent of Human Resources	Hendrick Medical Center	<u>۲۲</u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025	Head, Courtney (Ms.)		\$9.62
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Vice Preside	ent of Human Resources	Hendrick Medical Cente	ır.
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/30/2024	Henry, Elizabeth (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	ipation / Job title (See Instructions)	Employer (See Instructions	
Director Cas	se Management	Hendrick Medical Center	؛r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025	Henry, Elizabeth (Ms.)		\$4.81
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Director Cas	se Management	Hendrick Medical Center	۲r

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 20/44 Rpt: 23/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	'n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
01/21/2025	Hernandez, Janet (Ms.)		\$8.34
V1,,	6 Contributor address; City; State; Zip Code		•
	b Contributor address, City, State, Zip Could		
		ļ	
	Georgetown, TX 78633		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Accounting N	Manager	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024	Hess, Heather (Ms.)		\$3.8
12,00,200	Contributor address; City; State; Zip Code		•
	CONTIDUTOR address, City, State, 210 Cour	ļ	
	Abilene, TX 79601		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	s)
Market Direc		Hendrick Medical Cente	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025	Hess, Heather (Ms.)	/	\$3.8
01,00,211	Contributor address; City; State; Zip Code		•
	CUITITIDUTOT dutress, City, State, 21 Cour	ļ	
		ļ	
	Abilene, TX 79601		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	s)
Market Direc		Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
01/15/2025	Hillier, Robert (Mr.)	/	\$83.3
0111012020			
	Contributor address; City; State; Zip Code	ļ	
	Bellaire, TX 77401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	(c)
	olicy / Govt Relations	Harris Health System	3)
	- -	-	1 A most of Constribution (#)
Date 01/10/2025	Full name of contributor out-of-state PAC (ID#:	J	Amount of Contribution (\$) \$50.00
01/19/2025	Holcomb, Holly (Ms.)		φυυ.υ.
	Contributor address; City; State; Zip Code		
	Childrose TV 70201		
Drizsinglaggy	Childress, TX 79201		
	Ipation / Job title (See Instructions)	Employer (See Instructions	
Chief Execut		Childress Regional Med	dical Center

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/44 Rpt: 24/54	
2 FILER NAME	 =		3 Filer ID (Ethics Commission Fil	lers)
	- al Action Committee of the Texas Hospital Association	n	00015794	C13/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/21/2025	Holleman, Will (Mr.)			\$20.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78701			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
VP Advocad	cy & Pub Policy	Texas Hospital Associat	tion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/25/2025	— —			\$41.00
	Contributor address; City; State; Zip Code		4	
	Glen Rose, TX 76043			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Chief Execu		Glen Rose Medical Cen		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
12/30/2024		/		\$3.85
	Contributor address; City; State; Zip Code			Ŧ -
	Abilene, TX 79601			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
-	ector Benefits	Hendrick Medical Cente		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Amount of Contribution (\$)	
01/08/2025		/		\$3.85
UTIOU/LOLD				ψ0.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ډ)	
	ector Benefits	Hendrick Medical Cente	,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	<u>*00 00</u>
01/21/2025				\$83.00
	Contributor address; City; State; Zip Code			
	Lubbook TV 70/15			
D in single and	Lubbock, TX 79415		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions		
VP Supplen	nental Funding	University Medical Cent	er	

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The Instru	uction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 22/44 Rpt: 25/54	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	- Il Action Committee of the Texas Hospital Association			00015794	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
01/21/2025	Huff, Alexander (Mr.)				\$2.00
	6 Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
•	upation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
Vice Preside	ent of Health IT Programs	THA Foundation			
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/30/2024	— —				\$4.81
	Contributor address; City; State; Zip Code				
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ن)		
System Ass	sistant Vice President Analytics	Hendrick Medical Center	r		
Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/08/2025		,			\$4.81
	Contributor address; City; State; Zip Code		•		
	Abilene, TX 79601				
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> چ)		
System Ass	sistant Vice President Analytics	Hendrick Medical Center	r		
Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/30/2024					\$3.85
	Contributor address; City; State; Zip Code				• -
	Abilene, TX 79601				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	上 5)		
	gional Services	Hendrick Medical Center			
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
01/08/2025		,		/ inouni of contaisenen (+)	\$3.85
	Contributor address; City; State; Zip Code				¥
	Contributor address, City, State, Zip Code				
	Abilene, TX 79601				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> چ)		
	gional Services	Hendrick Medical Center			
	,	<u> </u>			

The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 23/44 Rpt: 26/54	
2 FILER NAME				Filer ID (Ethics Commission	n Filers)
	I Action Committee of the Texas Hospital Association		1	00015794	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
01/19/2025	Hurst, William (Mr.)				\$125.00
	6 Contributor address; City; State; Zip Code		1		
	Plano, TX 75075				
	upation / Job title (See Instructions)	9 Employer (See Instructions)			
President /		Patient Physician Netwo			
Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	
01/08/2025	Hurt-Deitch, Sally (Ms.)				\$145.83
	Contributor address; City; State; Zip Code				
	El Paso, TX 79932				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
·	P of Nursing & Operations Infrastructure	Ascension Health	-,		
Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
12/30/2024	Jackson, Olga (Ms.)	/			\$0.97
	Contributor address; City; State; Zip Code		•		·
	Cuero, TX 77954				
	upation / Job title (See Instructions)	Employer (See Instructions			
Support Ser	vices	Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	
01/08/2025	Jackson, Olga (Ms.)				\$0.97
	Contributor address; City; State; Zip Code				
	Cuero, TX 77954				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
Support Ser		Cuero Regional Hospita			
Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
01/21/2025	Jackson, Robin (Ms.)			·	\$4.00
	Contributor address; City; State; Zip Code		1		
	Austin, TX 78701				
-	upation / Job title (See Instructions)	Employer (See Instructions			
Vice Preside	ent Service Center	Texas Hospital Associat	tion		
		I			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/44 Rpt: 27/54	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
		Action Committee of the Texas Hospital Association			00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/21/2025	Jones, Susan (Ms.)				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	•	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Member Am	bassador	Texas Hospital Associat	tior		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Kelly, Tave (Ms.)				\$4.81
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Revenu	le Cycle	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	01/08/2025	Kelly, Tave (Ms.)			-	\$4.81
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP Revenu	le Cycle	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2025	Kendrick, Karen (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP Quality &	& Patient Safety	THA Foundation			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/12/2025	Kimmel, Stephen (Mr.)				\$83.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76104				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Financ	ial Officer	Cook Children's Medical	l C	enter	
			1			

	The Instru	ction Guide explains how to co	mplete this fo	rm.	1	Total pages Schedule A1: Sch: 25/44 Rpt: 28/54	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Political	Action Committee of the Texas Hosp	ital Association			00015794	
4	Date	·	of-state PAC (ID#:)	7	Amount of Contribution (\$)	
Ľ	01/10/2025	Kirkman, Leni (Ms.)		/	Ľ		\$41.00
	01/10/2020		Cada				Ψ-11.00
		6 Contributor address; City; State; Zip	Coue				
		San Antonio, TX 78229					
	Drincinal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
ľ		rp Communications & Mktg		University Health)		
L		-					
	Date		of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2025	Kroll, Carrie (Ms.)					\$82.00
		Contributor address; City; State; Zip					
		Austin, TX 78701					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Sr VP Advoc	acy & Pub Policy		Texas Hospital Associat	tior	1	
	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Krupala, Judith (Ms.)					\$1.93
		Contributor address; City; State; Zip			1		
		Cuero, TX 77954					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Chief Nursin	g Officer		Cuero Regional Hospita	l		
F	Date	Full name of contributor	of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2025	Krupala, Judith (Ms.)					\$1.93
		Contributor address; City; State; Zip	Code				
			0000				
		Cuero, TX 77954					
	Principal occu	I pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Chief Nursin			Cuero Regional Hospita			
⊨	Date			<u> </u>		Amount of Contribution (\$)	
	12/30/2024	Lafrance, Judith (Ms.)	of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	12/30/2024						φ12.50
		Contributor address; City; State; Zip	Code				
		Abilene, TX 79606					
\vdash	Drincipal accu		I	Employor (Soc Instructions	<u> </u>		
I		pation / Job title (See Instructions) Administrative Officer		Employer (See Instructions Hendrick Medical Cente			
⊢					1		
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/44 Rpt: 29/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	The Political	Action Committee of the Texas Hospital Association	ı		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/08/2025	Lafrance, Judith (Ms.)				\$12.50
		6 Contributor address; City; State; Zip Code				
		Abilene, TX 79606				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	HMCS Chief	Administrative Officer	Hendrick Medical Cente	r		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/16/2025	Lancaster, Chris (Mr.)				\$250.00
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Baylor Scott & White Hil	llcr	est Medical Center	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/02/2025	Leal, Jorge (Mr.)				\$125.00
		Contributor address; City; State; Zip Code				
		Laredo, TX 78044				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Execut	tive Officer	Laredo Medical Center			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	•	pation / Job title (See Instructions)	Employer (See Instructions			
	Dir Med Staf	f Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/08/2025	Lee, Rachel (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
L		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Dir Med Staf	f Srvcs & Physician Recruitment	Hendrick Medical Cente	r		
1						

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 27/44 Rpt: 30/54	
2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
The Political Action Committee of the Texas Hospital Association	ı	00015794	,
4 Date 5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/21/2025 Lengal, Samantha (Ms.)		• •	\$4.00
6 Contributor address; City; State; Zip Code			
Georgetown, TX 78633			
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	<u>;</u> ;	
Underwriting Coordinator	Texas Hospital Insuranc	ce Exchange	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2025 Liscano, Rosie (Ms.)			\$2.00
Contributor address; City; State; Zip Code			
Georgetown, TX 78633			
Principal occupation / Job title (See Instructions)	Employer (See Instructions))	
Senior Claims Adj/Risk Mgmt Specialist	Texas Hospital Insuranc		
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2024 Lowery, James (Mr.)	/	,	\$3.85
Contributor address; City; State; Zip Code			¥ =
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Director Managed Care	Hendrick Medical Cente	r	
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2025 Lowery, James (Mr.)			\$3.85
Contributor address; City; State; Zip Code			T
Abilene, TX 79601			
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Director Managed Care	Hendrick Medical Cente		
Date Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
01/21/2025 Lozano, Deborah (Ms.)	/	Amount of Contribution (\$)	\$20.00
			Ψ20.00
Contributor address; City; State; Zip Code			
Austin, TX 78701			
Principal occupation / Job title (See Instructions)		<u></u>	
Findparocoupation / oob the (oce monotone)	Employer (See Instructions		
Staff Accountant	Employer (See Instructions Texas Hospital Associat		
Staff Accountant	Texas Hospital Associat		

The Instruction Gu	ide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 28/44 Rpt: 31/54	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
The Political Action Co	ommittee of the Texas Hospital Associatior		00015794	
	ame of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	
01/22/2025 Lozar	no, Marco (Mr.)		•••	\$41.66
	butor address; City; State; Zip Code			-
Lared	lo, TX 78044			
8 Principal occupation / Jo	b title (See Instructions)	9 Employer (See Instructions))	
Chief Operating Office	er	Laredo Medical Center		
Date Full na	ame of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	rdi, Nicole (Ms.)			\$4.00
Austir	n, TX 78701			
Principal occupation / Jo	b title (See Instructions)	Employer (See Instructions))	
Associate General Co	unsel	Texas Hospital Associati	on	
Date Full na	ame of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	ns, Brett (Mr.)		· ·	\$83.34
	butor address; City; State; Zip Code			
Austir	n, TX 78756			
Principal occupation / Jo	b title (See Instructions)	Employer (See Instructions)	1	
Chief Executive Office				
	۱۲ 	Heart Hospital of Austin		
	ame of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	
Date Full na		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	\$3.85
Date Full na 12/30/2024 McCo	ame of contributor out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	\$3.85
Date Full na 12/30/2024 McCo	ame of contributor out-of-state PAC (ID#: ollough, Kimberly (Ms.)	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	\$3.85
Date Full na 12/30/2024 McCo Contril	ame of contributor out-of-state PAC (ID#: ollough, Kimberly (Ms.) butor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)	\$3.85
Date Full na 12/30/2024 McCo Contril Abiler	ame of contributor out-of-state PAC (ID#: ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606)		\$3.85
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo	ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions)))	\$3.85
Date Full na 12/30/2024 McCo Contril Abiler	ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions)))	\$3.85
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive	ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions)))	\$3.85
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na	ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions) e Care Services))	\$3.85
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na 01/08/2025 McCo	ame of contributor ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions) e Care Services ame of contributor out-of-state PAC (ID#:_))	
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na 01/08/2025 McCo	ame of contributor ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions) e Care Services ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.)))	
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na 01/08/2025 McCo Contril	ame of contributor))	
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na 01/08/2025 McCo Contril	ame of contributor ollough, Kimberly (Ms.) butor address; City; State; Zip Code ne, TX 79606 b title (See Instructions) e Care Services ame of contributor out-of-state PAC (ID#:_ ollough, Kimberly (Ms.)))	
Date Full na 12/30/2024 McCo Contril Abiler Principal occupation / Jo Director of Progessive Date Full na 01/08/2025 McCo Contril	ame of contributor)) Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 29/44 Rpt: 32/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
12/30/2024	McElrath, Pamela (Ms.)		\$4.00
	6 Contributor address; City; State; Zip Code		
	Abilana TV 70601		
• Drincinal occu	Abilene, TX 79601 upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Registered N		Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/08/2025	McElrath, Pamela (Ms.))	\$4.00
01/00/2020	Contributor address; City; State; Zip Code		+
	Contributor address, City, State, Zip Code		
	Abilene, TX 79601		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Registered N	\urse	Hendrick Medical Cente	۲
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Merrell, Angie (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Coorgotown TV 79622		
Principal occu	Georgetown, TX 78633	Employer (See Instructions	<u></u>
•	resident of Risk Management	Texas Hospital Insuranc	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/01/2025	Mitchell, Kenneth (Dr.)	/	\$41.00
01/01/2022	Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	ipation / Job title (See Instructions)	Employer (See Instructions	;)
SVP / Chief	Medical Officer	St. David's HealthCare	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Mundfrom, Jessie (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Austin TV 70701		
Drincinal occu	Austin, TX 78701	Employer (See Instructions	
-	upation / Job title (See Instructions) Virtual Education	Employer (See Instructions THA Foundation	<i>i</i>)

The Instruction Guide explains how to complete this for	m.		otal pages Schedule A1: ch: 30/44 Rpt: 33/54	
2 FILER NAME			ler ID (Ethics Commission	n Filers)
The Political Action Committee of the Texas Hospital Association			0015794	,
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Ai	mount of Contribution (\$)	
12/30/2024 Murphy, Patrick (Mr.)	,			\$3.85
6 Contributor address; City; State; Zip Code				
,,,,,				
Abilene, TX 79601				
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions)	5)		
Healthcare Professional	Hendrick Medical Center	r		
Date Full name of contributor out-of-state PAC (ID#:)	Ai	mount of Contribution (\$)	
01/08/2025 Murphy, Patrick (Mr.)	,			\$3.85
Contributor address; City; State; Zip Code				
Abilene, TX 79601				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	;)		
Healthcare Professional	Hendrick Medical Center	r		
Date Full name of contributor out-of-state PAC (ID#:)	Ai	mount of Contribution (\$)	
01/21/2025 Neiger, David (Mr.)				\$82.00
Contributor address; City; State; Zip Code				
Austin, TX 78701				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	5)		
Sr Vice President / Chief Financial Officer	Texas Hospital Associat	ion		
Date Full name of contributor out-of-state PAC (ID#:)	Ai	mount of Contribution (\$)	
01/21/2025 O'Neil, Jennifer (Ms.)				\$10.00
Contributor address; City; State; Zip Code				
Austin, TX 78701				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	;)		
Executive Administrative Manager	Texas Hospital Associat	ion		
Date Full name of contributor out-of-state PAC (ID#:)	Ai	mount of Contribution (\$)	
01/21/2025 Pargac, Ann (Ms.)				\$2.00
Contributor address; City; State; Zip Code				
Austin, TX 78701				
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	;)		
Director of Education	THA Foundation			

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/44 Rpt: 34/54
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Action Committee of the Texas Hospital Association	n	00015794
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$)
	01/21/2025	Porter, Lea Anne (Ms.)		\$2.00
		6 Contributor address; City; State; Zip Code		1
		Austin, TX 78701		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	
	VP Retireme	nt Plans	Texas Hospital Associat	tion Retirement Plan
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/30/2024	Preston, Deborah (Ms.)		\$5.00
		Contributor address; City; State; Zip Code		1
		Abilene, TX 79601		
		ipation / Job title (See Instructions)	Employer (See Instructions	
	Director of P	harmacy	Hendrick Medical Cente	er
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/08/2025	Preston, Deborah (Ms.)		\$5.00
		Contributor address; City; State; Zip Code		1
		Abilene, TX 79601		
		ipation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente	
	Director of P		Henunck Weulcal Cente	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/14/2025	Qualls, Rustin (Mr.)		\$20.50
		Contributor address; City; State; Zip Code		
		Clifton, TX 76634	ſ	
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Director of O		Goodall-Witcher Health	
╞		·		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	01/21/2025	Ramirez, Erika (Ms.)		\$2.00
		Contributor address; City; State; Zip Code		
		Austin, TX 78701		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
		tor Health Policy	Texas Hospital Associat	
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 32/44 Rpt: 35/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Action Committee of the Texas Hospital Association		00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/21/2025	Ramirez, Lisa (Ms.)		\$4.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78701		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Specialist		Texas Hospital Associat	ion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2025	Richburg, Melanie (Dr.)		\$125.00
	Contributor address; City; State; Zip Code		
	Tahoka, TX 79373		-
	pation / Job title (See Instructions)	Employer (See Instructions	,
Chief Execut		Lynn County Hospital Di	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024	Richert, Ron (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Director of th	ne Health Club	Hendrick Medical Center	r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025	Richert, Ron (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		
	Abilene, TX 79601		
	pation / Job title (See Instructions)	Employer (See Instructions	
	ne Health Club	Hendrick Medical Cente	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025	Rios, Amy (Ms.)		\$2.00
	Contributor address; City; State; Zip Code		
	Avotion TV 70701		
	Austin, TX 78701		、 、
	pation / Job title (See Instructions)	Employer (See Instructions	
	g & Strategic Communications	Texas Hospital Associat	10n

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/44 Rpt: 36/54	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Action Committee of the Texas Hospital Association	n		00015794	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/10/2025	Robicheaux, James (Mr.)				\$42.00
		6 Contributor address; City; State; Zip Code		1		
		Bay City, TX 77414				
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	Chief Execut	tive Officer	Matagorda Regional Me	edio	al Center	
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/30/2024	Robinson, Tracee (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q	2uality	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	01/08/2025	Robinson, Tracee (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601	1			
		Ipation / Job title (See Instructions)	Employer (See Instructions			
	Director of Q)uality	Hendrick Medical Cente	er		
	Date	Full name of contributor out-of-state PAC (ID#:_)	T	Amount of Contribution (\$)	
	01/07/2025	Rodriguez, Micah (Mr.)				\$29.17
		Contributor address; City; State; Zip Code		1		
		Hauston TV 77966				
	Deimeinel oppu	Houston, TX 77266	Employer (Cas Instructions			
		ipation / Job title (See Instructions) olicy & Government Relations	Employer (See Instructions Harris Health System	S)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷22 50
	01/08/2025	Saenz, Iris (Ms.)				\$20.50
		Contributor address; City; State; Zip Code				
		Houston, TX 77024				
	Drincinal occu	ipation / Job title (See Instructions)	Employor (See Instructions			
		blic Policy & Community Benefit	Employer (See Instructions Memorial Hermann Hea		Svetom	
⊢	Manayerru		Memorial remain rea	1111		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/44 Rpt: 37/54
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	l Action Committee of the Texas Hospital Association	n	00015794
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/21/2025			\$2.00
	6 Contributor address; City; State; Zip Code		1
	Austin, TX 78701	·	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	
Senior Direc	ctor of Human Resources	Texas Hospital Associat	tion
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024			\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601		
	upation / Job title (See Instructions)	Employer (See Instructions	
Dir Property	/ / Facility Management	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025	Schmidt, Timothy (Mr.)		\$3.85
	Contributor address; City; State; Zip Code		1
	Abilene, TX 79601	·	
-	upation / Job title (See Instructions)	Employer (See Instructions	,
Dir Property	/ / Facility Management	Hendrick Medical Cente	۶r
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/21/2025	Shea, Patrick (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633	1	
·	upation / Job title (See Instructions)	Employer (See Instructions	,
Risk Manag	jement Coordinator	Texas Hospital Insuranc	ce Exchange
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/21/2025	Sipes, Michael (Mr.)		\$2.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78701		
	upation / Job title (See Instructions)	Employer (See Instructions	
Legal Servio	ces Specialist	Texas Hospital Associat	tion

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/44 Rpt: 38/54	
2	FILER NAME		/	3	Filer ID (Ethics Commission	n Filers)
		I Action Committee of the Texas Hospital Association	n		00015794	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/19/2025	Smith, Andrew (Mr.)	,			\$83.33
		6 Contributor address; City; State; Zip Code		1		
			,			
			,			
		San Antonio, TX 78229	,			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Exec Dir Go [,]	wmnt Relations & Public Policy	University Health			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/21/2025	Smith, John (Mr.)				\$1.00
		Contributor address; City; State; Zip Code		{		·
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			,			
		Austin, TX 78701	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Director Dat	a & Technology	THA Foundation			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/30/2024	Speckels, Donna (Ms.)			Fundant of Contract Contract	\$3.85
		Contributor address; City; State; Zip Code				T -
			,			
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		Abilene, TX 79601	,			
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		ndrick HouseCalls	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/08/2025	Speckels, Donna (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		ł		
			,			
			,			
		Abilene, TX 79601	,			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
		ndrick HouseCalls	Hendrick Medical Cente			
╞	Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
	01/07/2025	Speer, Gena (Ms.)				\$14.50
	-	Contributor address; City; State; Zip Code		ł		
			,			
			,			
		Breckenridge, TX 76424	1			
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Chief Nursin		Stephens Memorial Hos		al	
⊢			<u> </u>	<u> </u>		

The Political Action Committee of the Texas Hospital Association 00015794				
2 File RNAME 3 File r Ditical Action Committee of the Texas Hospital Association 3 File r D (Elitics Commission Filers) 4 Date Subar, Linda (Mrs.) out-of-same PAC (D#) 7 Amount of Contribution (\$) 5 Subar, Linda (Mrs.) 6 Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$3.85 12/30/2024 Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Date Full name of contributor out-of-state PAC (D#) Amount of Contribution (\$) Stafford, Steven (Mr.) Contributor address; City; State; Zip Code	The Instru	ction Guide explains how to complete this f	orm.	
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor or out-state PAC (IDE:	2 FILER NAME			
01/21/2025 Srubar, Linda (Mrs.) \$3.00 6 Contributor address; City; State; Zip Code \$3.00 7 Principal occupation / Job title (See Instructions) \$ Employer (See Instructions) Executive Assistant Texas Hospital Association Date Full name of contributor oxio-t-state PAC (D# 12/30/2024 Full name of contributor oxio-t-state PAC (D# Principal occupation / Job title (See Instructions) Employer (See Instructions) Difector Hendrick Clinic Contributor oxio-t-state PAC (D# Principal occupation / Job title (See Instructions) Employer (See Instructions) Hendrick Medical Center Date Full name of contributor oxi-d+state PAC (D# Amount of Contribution (\$) \$3.85 O1/08/2025 Full name of contributor oxi-d+state PAC (D# Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Employer (See Instructions) Hendrick Medical Center Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Georestate PAC (D# Amount of Contribution (\$) \$9.62 2/30/2024 Full name of contributor oxio-f-state PAC (D# Amount of Contribution (\$) \$9.62				
6 Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Executive Assistant Date Date Full name of contributor 12/30/2024 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) S3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Hendrick Clinic Amount of Contribution (\$) Stafford, Steven (Mr.) out-of-state PAC (Dire OJ/08/2025 Full name of contributor out-of-state PAC (Dire Annount of Contribution (\$) Stafford, Steven (Mr.) \$3.85 Contributor address; City; State; Zip Code Annount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) I2/30/2024 Stephenson, David (Mr.) out-of-state PAC (Dire Abilene, TX 79601 Amount of Contribution (\$) \$9.62 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
B Funcipal occupation / Job title (See Instructions) P Employer (See Instructions) Executive Assistant Date Full name of contributor out-of-state PAC (De:	01/21/2025	Srubar, Linda (Mrs.)		\$3.0
8 Principal occupation / Job title (See Instructions) Executive Assistant 9 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Stafford, Steven (Mr.) Stafford, Steven (Mr.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 01/08/2025 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Employer (See Instructions) Employer (See Instructions) \$3.85 Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 Out-of-state PAC (ID/F:)		6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Executive Assistant 9 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Stafford, Steven (Mr.) Stafford, Steven (Mr.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 01/08/2025 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Employer (See Instructions) Employer (See Instructions) \$3.85 Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 Out-of-state PAC (ID/F:)				
8 Principal occupation / Job title (See Instructions) Executive Assistant 9 Employer (See Instructions) Texas Hospital Association Date Full name of contributor out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Stafford, Steven (Mr.) Stafford, Steven (Mr.) \$3.85 Contributor address; City; State; Zip Code Abilene, TX 79601 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 01/08/2025 Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) \$3.85 Director Hendrick Clinic Employer (See Instructions) Employer (See Instructions) \$3.85 Director Hendrick Clinic Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$3.85 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 12/30/2024 Full name of contributor Out-of-state PAC (ID/F:) Amount of Contribution (\$) \$9.62 Out-of-state PAC (ID/F:)				
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Date Full name of contributor out-of-state PAC (ID#:	-			
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Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Date 01/08/2025 Stafford, Steven (Mr.) Contributor address; City, State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Hendrick Medical Center Date Principal occupation / Job title (See Instructions) Director Hendrick Clinic Principal occupation / Job title (See Instructions) Director Hendrick Clinic Date Full name of contributor Jobiene, TX 79601 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (D#:) Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Executive Abilene, TX 79601 Date Full name of contributor Out-of state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (De:) Abilene, TX 79601 Amount of Contribution (\$) Stafford, Steven (Mr.) Stafford, Steven (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Hendrick Clinic Hendrick Medical Center Pate Full name of contributor out-of-state PAC (IDE:) Abilene, TX 79601 Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDE:) 12/30/2024 Stephenson, David (Mr.) Steple 12/30/2024 Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Steplerison, David (Mr.) Executive Image: Steple PAC (IDE:	12/30/2024			\$3.8
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01/08/2025 Stafford, Steven (Mr.) \$\$3.85 Contributor address; City; State; Zip Code \$\$3.85 Abilene, TX 79601 Employer (See Instructions) Director Hendrick Clinic out-of-state PAC (ID#;	Director Her	ndrick Clinic	Hendrick Medical Cente	۲
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Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Director Hendrick Clinic Date Full name of contributor 12/30/2024 Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Executive Date Principal occupation / Job title (See Instructions) Executive Date Principal occupation / Job title (See Instructions) Executive Date Full name of contributor Out-of-state PAC (ID#; Hendrick Medical Center Principal occupation / Job title (See Instructions) Executive Date Full name of contributor Out-of-state PAC (ID#; Out-of-state PAC (ID#; Out-of-state PAC (ID#; Stephenson, David (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Stephenson, Dav	01/08/2025			
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12/30/2024 Stephenson, David (Mr.) \$9.62 Contributor address; City; State; Zip Code Abilene, TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Executive Hendrick Medical Center Date Full name of contributor out-of-state PAC (ID#:) Abilene, TX 79601 Amount of Contribution (\$) Stephenson, David (Mr.) \$9.62 Contributor address; City; State; Zip Code Amount of Contribution (\$) Abilene, TX 79601 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	-		Hendrick Medical Cente	r
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Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Abilana TV 70601		
Executive Hendrick Medical Center	-	upation / Job title (See Instructions)		
	Executive		Hendrick Medical Center	۲

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 37/44 Rpt: 40/54
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Association	00015794
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/26/2024 Taylor, Clay (Mr.)	\$20.50
6 Contributor address; City; State; Zip Code	
Lubbook TV 70/10	
Lubbock, TX 79410 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	
Chief Operating Officer Covenant Childrens H	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/17/2025 Thomas, Wendy (Ms.)	\$25.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Assoc	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/21/2025 Thomas, Wendy (Ms.)	\$10.00
Contributor address; City; State; Zip Code	
Austin, TX 78701	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	l ons)
Mgr Advocacy / Pub Policy / HOSPAC Texas Hospital Assoc	ciation
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Tiffin, Laura (Ms.)	\$1.00
Contributor address; City; State; Zip Code	
Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Business Office Manager Cuero Regional Hosp	pital
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2025 Tiffin, Laura (Ms.)	\$1.00
Contributor address; City; State; Zip Code	
Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Business Office Manager Cuero Regional Hosp	pital

The Instruction Guide explains how to complete	e this form. 1 Total pages Schedule A1: Sch: 38/44 Rpt: 41/54
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
The Political Action Committee of the Texas Hospital Ass	sociation 00015794
4 Date 5 Full name of contributor out-of-state PA	AC (ID#:) 7 Amount of Contribution (\$)
01/21/2025 Trevino, Judy (Ms.)	\$4.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Vice President Finance	Texas Hospital Association
Date Full name of contributor out-of-state PA	
01/21/2025 Trout, Judith (Ms.)	\$2.00 \$2.00
	Ψ2.00
Austin, TX 78701	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Healthcare Data Analyst	THA Foundation
Date Full name of contributor out-of-state PA	AC (ID#:) Amount of Contribution (\$)
12/30/2024 Tucek, Karen (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions)	Employer (See Instructions) Hendrick Medical Center
Director, Hospice	
Date Full name of contributor out-of-state P/	
01/08/2025 Tucek, Karen (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
1	
Abilene, TX 79601	
Abilene, TX 79601 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	Employer (See Instructions) Hendrick Medical Center
Principal occupation / Job title (See Instructions)	Hendrick Medical Center
Principal occupation / Job title (See Instructions) Director, Hospice	Hendrick Medical Center
Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor out-of-state P/	AC (ID#:) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor 01/21/2025 Turner, Matt (Mr.)	AC (ID#:) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor out-of-state P/ 01/21/2025 Turner, Matt (Mr.) Contributor address; City; State; Zip Code	AC (ID#:) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor 01/21/2025 Turner, Matt (Mr.)	AC (ID#:) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Director, Hospice Date Full name of contributor 01/21/2025 Turner, Matt (Mr.) Contributor address; City; State; Zip Code	AC (ID#:) Amount of Contribution (\$)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 39/44 Rpt: 42/54 Image: Price NAME The Political Action Committee of the Texas Hospital Association 3 Filer ID (Ethics Commission F 00015794) Image: Price Political Action Committee of the Texas Hospital Association 00015794 Image: Price Political Action Committee of the Texas Hospital Association 7 Amount of Contribution (\$) Image: Price Pace Pace Pace Pace Pace Pace Pace Pa	ilers)
2 FILER NAME 3 Filer ID (Ethics Commission F The Political Action Committee of the Texas Hospital Association 3 Filer ID (Ethics Commission F 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	ilers)
The Political Action Committee of the Texas Hospital Association 00015794 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	
	,
12/30/2024 Vidrine, Amanda (Ms.)	
	\$3.85
6 Contributor address; City; State; Zip Code	
Abilene, TX 79601	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Quality & Regulatory Manager Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
01/08/2025 Vidrine, Amanda (Ms.)	\$3.85
Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Quality & Regulatory Manager Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/30/2024 Wade, Susan (Ms.)	\$15.00
Contributor address; City; State; Zip Code	Ψ±0.00
Continuation address, City, State, Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Abilene Market COO Hendrick Medical Center	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
01/08/2025 Wade, Susan (Ms.)	\$15.00
	ΦΤΟ.ΟΟ
Contributor address; City; State; Zip Code	
Abilene, TX 79601	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Abilene Market COO Hendrick Medical Center	
	+F00 0-
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Amount of Contribution (\$)	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Amount of Contribution (\$)	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$)	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78258 San Antonio, TX 78258 San Antonio, TX 78258	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78258 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$500.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 01/16/2025 Waechter, William (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) San Antonio, TX 78258 San Antonio, TX 78258 San Antonio, TX 78258	\$500.00

The Instru	uction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 40/44 Rpt: 43/54	
2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	I Action Committee of the Texas Hospital Association			00015794	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	
12/30/2024	— —				\$3.85
	6 Contributor address; City; State; Zip Code	,	ł		
	Abilene, TX 79601				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Healthcare I	Professional	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
01/08/2025					\$3.85
	Contributor address; City; State; Zip Code		•		
	Abilene, TX 79601				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Healthcare	Professional	Hendrick Medical Cente	er		
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
12/30/2024		,			\$9.62
	Contributor address; City; State; Zip Code		ł		·
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Chief Finand	cial Officer	Hendrick Medical Center	۶r		
Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
01/08/2025					\$9.62
	Contributor address; City; State; Zip Code		1		
	Brownwood, TX 76804				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Chief Finand	cial Officer	Hendrick Medical Center	ŧ٢		
Date	Full name of contributor out-of-state PAC (ID#:_		Γ	Amount of Contribution (\$)	
12/30/2024					\$3.85
	Contributor address; City; State; Zip Code		ł		
	Abilene, TX 79601				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Director of N	Medsurg / Tele	Hendrick Medical Cente	er		
		1			

L				
The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 41/44 Rpt: 44/54	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rc)
	- I Action Committee of the Texas Hospital Association	n	00015794	3)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/08/2025	Walzer, Cheryl (Ms.)		9	\$3.85
	6 Contributor address; City; State; Zip Code		1	
	Abilene, TX 79601			
-	upation / Job title (See Instructions)	9 Employer (See Instructions		
Director of N	Medsurg / Tele	Hendrick Medical Cente	۲۰ ۲۰	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/20/2025	Warner, Freddy (Mr.)		\$14	45.50
	Contributor address; City; State; Zip Code			
	Houston, TX 77024	-		
-	upation / Job title (See Instructions)	Employer (See Instructions		
Chief Gover	rnment Relations Officer	Memorial Hermann Hea	Ith System	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2024	Waters, Amber (Ms.)		5	\$3.85
	Contributor address; City; State; Zip Code		1	
Dringingligge	Abilene, TX 79601			
Director of A	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/08/2025	Waters, Amber (Ms.)			\$3.85
	Contributor address; City; State; Zip Code			
	Abilana TV 70601			
Dringingl occu	Abilene, TX 79601	Employer (See Instructions	<u> </u>	
Director of A	upation / Job title (See Instructions)	Employer (See Instructions Hendrick Medical Cente		
			1	
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)	
01/23/2025			ຸ	00.00
	Contributor address; City; State; Zip Code			
	Fort Worth TV 76115			
Drizpipal app	Fort Worth, TX 76115			
	upation / Job title (See Instructions) ce President	Employer (See Instructions	s) Hospital Fort Worth South	
Regional vic			10Spital Full Worth South	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/44 Rpt: 45/54	
2	FILER NAME			2	Filer ID (Ethics Commission	Eilore)
Ĺ		Action Committee of the Texas Hospital Association	n		00015794	riiers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/21/2025	Werner, Theo (Mr.)				\$2.00
		6 Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Advocacy / N	/ultimedia Writer	Texas Hospital Associat	tior	1	
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/30/2024	Wharton, Elisha (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Practice N	<i>l</i> anager	Hendrick Medical Cente	er		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/08/2025	Wharton, Elisha (Ms.)				\$3.85
		Contributor address; City; State; Zip Code		1		
		;;				
		Abilene, TX 79601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Practice N	<i>N</i> anager	Hendrick Medical Cente	er		
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2025	Williams, Ben (Mr.)				\$14.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	VP Advocac	y & Pub Policy	Texas Hospital Associat	tior	1	
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/21/2025	Williams, Carrie (Ms.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Chief Comm	unications Officer	Texas Hospital Associat	tior	1	

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/44 Rpt: 46/54	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Action Committee of the Texas Hospital Association		00015794	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_		7 Amount of Contribution (\$)	
01/21/2025	Williams, Patty (Ms.)			\$2.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78701			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Relationship	Manager Business Srvcs	THA Foundation		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/26/2024	Willmann, Adam (Mr.)			62.50
	Contributor address; City; State; Zip Code			
	Clifton, TX 76634			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
President / C	EO	Goodall-Witcher Healtho	care	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/21/2025	Wohleb, Stephen (Mr.)			641.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78701			
-	pation / Job title (See Instructions)	Employer (See Instructions		
General Cou		Texas Hospital Associat	ion	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/30/2024	Wood, Adam (Mr.)			\$4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
	pation / Job title (See Instructions)	Employer (See Instructions	,	
System Assi	stant Vice President Supply Chain	Hendrick Medical Center	r	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/08/2025	Wood, Adam (Mr.)			\$4.81
	Contributor address; City; State; Zip Code			
	Abilene, TX 79601			
-	pation / Job title (See Instructions)	Employer (See Instructions		
System Assi	stant Vice President Supply Chain	Hendrick Medical Center	r	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 44/44 Rpt: 47/54 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Political Action Committee of the Texas Hospital Association 00015794 4 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 7 01/09/2025 \$29.00 Yancey, Janay (Ms.) 6 Contributor address; City; State; Zip Code Woodville, TX 75979 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Chief Operating Officer** Tyler County Hospital

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.				1	Total pages Schedule C3: Sch: 1/1 Rpt: 48/54
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)
	01/10/2025		Texas Hospital Association		955.50

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

The Instruction Guide explains how to complete this form.					Total pages S Sch: 1/1 Rp	Schedule C4: t: 49/54	
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)	
	The Political	Ac	tion Committee of the Texas Hospital Association		00015794		
4	Date	5	Corporation / Labor Organization name	6	Amount (\$)		
	01/25/2025		Texas Hospital Association			4,20	0.00

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/4 Rpt: 50/54	The Political Action Committee of the Texas Hospital	00015794		
4 Date	5 Payee name			
01/02/2025	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$53.90	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio			
OF EXPENDITURE		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
		ard Processing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
01/03/2025	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$19.95	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ard Processing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
01/03/2025	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$65.89	PO Box 1727			
Expenditure from corporate funds	Austin, TX 78767			
PURPOSE OF EXPENDITURE		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense ard Processing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/4 Rpt: 51/54	The Political Action Committee of the Texas Hospital 00015794			
4 Date 12/26/2024	5 Payee name Stripe			
6 Amount (\$) \$207.67	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing fees for processing multiple credit card contributions 12/26/24-01/24/25 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/26/2024	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.63	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
01/06/2025	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.63	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/4 Rpt: 52/54	The Political Action Committee of the Texas Hospital	00015794		
4 Date	5 Payee name			
01/13/2025	Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2.17	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption		
OF EXPENDITURE		ck if travel outside of Texas. Complete Schedule T.		
		ck if Austin, TX, officeholder living expense t Card Processing Fees		
	Clean	Card Flocessing Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
01/14/2025	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.15	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE		ption teck if travel outside of Texas. Complete Schedule T. teck if Austin, TX, officeholder living expense t Card Processing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
01/17/2025	Stripe			
Amount (\$)	Payee address; City; State; Zip Code			
\$0.10	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE		ption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t Card Processing Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 53/54	The Political Action Committee of the Texas Hospital00015794			
4 Date 01/21/2025	5 Payee name Stripe			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3.33	354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
01/22/2025	Stripe			
Amount (\$) \$1.29	Payee address; City; State; Zip Code 354 Oyster Point Blvd			
Expenditure from corporate funds	South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			

	RRED OBLIGATIONS	SCHEDULE F2
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 54/54	2 FILER NAME The Political Action Committee of the Texas Hospital	3 Filer ID (Ethics Commission Filers) 00015794 00015794
⁴ TOTAL OF UNITEMI	ZED UNPAID INCURRED OBLIGATIONS	\$
 5 Date 01/23/2025 7 Amount (\$) 	6 Payee name Atchley & Associates LLP 8 Payee address; City; State; Zip Code	·
\$515.00 X Expenditure from corporate funds	1005 La Posada Dr Austin, TX 78752	
9 TYPE OF EXPENDITURE	X Political Non-Political	
10 PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense ting and reporting services
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held